

**Return form to:** Debbie McClurg  
Standards and Assessment Division  
721 Capitol Mall, 6<sup>th</sup> Floor  
Sacramento, CA 95814

**Apportionment Information Report and Certification: SABE/2**  
**Standardized Testing and Reporting (STAR) Program**  
**Program Year: 1999-2000**

California Department of Education (CDE)  
Standards and Assessment Division

Report due no later than: June 16, 2000

Local Educational Agency								Contact	Telephone	FAX	Charter School ID*			*Only charter schools that are testing and reporting separately from the district. See instructions.
CD Code							Address	City	Zip					

Education Code Section 60640(b) specifies that Spanish-speaking pupils of limited English proficiency (LEP) who are enrolled in any of grades 2 to 11, inclusive, shall be required to take a test designated by the State Board of Education (SBE) in their primary language, if less than 12 months have elapsed after their initial enrollment in any public school in the state. The testing shall take place before May 15. In addition, the school district must provide two makeup days within 10 days of completed testing, but no later than May 25th. At the school's option, Spanish-speaking LEP pupils who are enrolled more than 12 months may take a second achievement test in the primary language. CDE shall apportion funds to enable districts to meet these requirements. The SBE shall establish the amount to be apportioned. In compliance with the requirements in EC Section 60640, please provide all information below for the SABE/2 achievement test. Districts must submit this report within ten working days following the completion of testing, including makeup testing, or within ten days of the receipt of the form. The district superintendent and the district STAR coordinator must certify the accuracy of the information provided and compliance with requirements of the law. Apportionments will not be processed until all information and certifications are provided. Return the form by U.S. mail to the address above. Do not FAX copies. Please keep a copy for your records.

Categories		Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Grade 8	Grade 9	Grade 10	Grade 11	Total	CDE USE
A	Total enrollment of Spanish-speaking pupils classified limited-English proficient (LEP) on the <b>first day of testing</b>												
B	Number of Spanish-speaking pupils classified LEP first enrolled in California public schools <b>less than 12 months</b> prior to testing												
C	Number of LEP pupils in Row B (less than 12 months) exempted due to IEP												
D	Number of LEP pupils in Row B (less than 12 months) exempted per parent or guardian												
E	Total number of LEP pupils in Row B (less than 12 months) tested. <i>[This row must be equal to or less than Row B – (Row C + Row D)]</i>												
F	Total number of LEP pupils enrolled <b>more than 12 months</b> tested (optional)												
G	Number of tests administered with pre-identified SABE/2 answer documents												

**Certification:** I certify that except as to those pupils excused from testing based upon parent or guardian request (Education Code Section 60615) and those pupils with exceptional needs whose IEP exempts them from testing (Education Code Section 60640(e)), all the requirements of the Standardized Testing and Reporting program have been met and that the information provided on this form is complete and accurate. I further certify that the school district or charter school has maintained the security and integrity of the designated achievement test; collected all data and information as required by Sections 861 and 862; returned to the test publisher all test materials, answer documents, and other materials included as part of the designated achievement test in the manner and as otherwise required by the test publisher; and assisted the test publisher in the resolution of any discrepancies in the test information and materials as required by Section 868. *[California Code of Regulations, Title 5, Section 857(c)]*

☐ District or Charter School did not administer the SABE/2 to students

Printed Name of District Superintendent (or Charter School Director)

Printed Name of District STAR Coordinator

Superintendent's (or Charter School Director's) Signature

Date

STAR Coordinator's Signature

Date

Directions for Completing the  
Apportionment Information Report and Certification  
for the Standardized Testing and Reporting (STAR) Program

**SABE/2**

Complete only one report for the district for the SABE/2 Achievement Test. Districts with year round schools that tested in two or more waves are to combine the information for all waves on one form. **If the district did not administer the SABE/2 test, you are required to put zeros in the total columns, check the box where indicated on the form, sign and submit it to CDE.**

**Charter Schools:** *If a charter school is testing and reporting separately from the district, the STAR coordinator for that school and the charter director must collect the data for the school, submit the form, and sign and certify the information provided for the charter school only.*

1. Print or type all information at the top of each form. Be sure to include the 7-digit county/district code.
2. Row A: Total enrollment of Spanish-speaking LEP pupils on the first day of testing. For each grade served in the district, enter the district enrollment of **Spanish-speaking LEP pupils on the first day of testing**. Districts with year-round schools that tested in two or more waves must enter the sum of the enrollments of the schools on the first day of testing for all waves (example: the enrollment of the schools, grades or tracks tested in wave 1 and the enrollment of the schools, grades or tracks tested in wave 2 added together equals the sum of the enrollment). **DO NOT** include any grades other than 2-11. **DO NOT** use attendance figures, fall enrollment, or number of pre-identified answer documents ordered.
3. Row B: Number of Spanish-speaking LEP pupils first enrolled in a California public school less than 12 months prior to testing. For each grade served in the district, enter the number of Spanish-speaking LEP pupils who had been enrolled in California public schools **less than 12 calendar months** on the first day of testing.
4. Row C: Number of Spanish-speaking LEP pupils enrolled less than 12 months exempted per IEP. For each grade, enter the number of Spanish-speaking LEP pupils who had been enrolled in California public schools **less than 12 calendar months** exempted from testing based on an IEP statement that they were not to participate in statewide testing programs.
5. Row D: Number of Spanish-speaking LEP pupils enrolled less than 12 months exempted per parent or guardian request. For each grade, enter the number of Spanish-speaking pupils classified as LEP who had been enrolled in California public schools **less than 12 calendar months** who were not tested by the written request of their parents/guardians.
6. Row E: Total number of Spanish-speaking LEP pupils enrolled less than 12 months tested – mandated testing. For each grade, enter the number of Spanish-speaking LEP pupils tested who had been enrolled in California public schools **less than 12 calendar months** when the SABE/2 STAR was administered (i.e., the number of test booklets or answer documents submitted for scoring). For each grade this row must be equal to or less than Row B minus (Row C plus Row D). **If some students were not tested as mandated, attach a written statement explaining why those students were not tested. As a reminder, districts are mandated to provide two makeup days for the testing of previously absent pupils.**
7. Row F: Optional Testing -- Total number of LEP pupils enrolled more than 12 months tested. Complete only if the district or charter school administered the SABE/2 STAR to LEP pupils who had been enrolled in California public schools more than 12 months when tested. For each grade enter the number of Spanish-speaking LEP pupils tested who were enrolled more than 12 months prior to testing.
8. Row G: Number of pre-identified answer documents. For each grade, enter the number of tests administered with pre-identified slip sheets or answer documents.
9. For each row, sum the numbers for all grades tested and enter in the “Total Column.”
10. Print or type the district superintendent’s or charter director’s name and the STAR coordinator’s name where indicated. Have both sign the certification statement and date the form.